

REQUEST FOR WAIVER OF THE ARBITRATION FILING FEE

Print Applicant Name _____ Phone # _____

Address _____

I have asked for arbitration in a fee dispute with an attorney. In support of my request, I declare that I cannot afford to pay the arbitration filing fee. My present assets, income and expenses are:

APPLICANT

SPOUSE

Occupation _____

Employer Name & Address:

Phone # _____

Occupation _____

Employer Name & Address:

Phone # _____

1.) INCOME	<u>APPLICANT</u>	<u>SPOUSE</u>
Total GROSS monthly income (include welfare, unemployment, etc.)	\$ _____	\$ _____
LESS Deductions:	\$ _____	\$ _____
Income Taxes	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment Insurance	\$ _____	\$ _____
Medical/Dental Insurances	\$ _____	\$ _____
Retirement Fund	\$ _____	\$ _____
Union Dues, etc.	\$ _____	\$ _____
TOTAL NET INCOME (Take-home monthly income)	\$ _____	\$ _____

2.) EXPENSES	<u>APPLICANT</u>	<u>SPOUSE</u>
Rent or mortgage	\$ _____	\$ _____
Utilities	\$ _____	\$ _____
Food and Clothing	\$ _____	\$ _____
Medical & Dental	\$ _____	\$ _____
Child Care	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Installment Payments/Credit Cards (List all in #4 below)	\$ _____	\$ _____
TOTAL EXPENSE	\$ _____	\$ _____

3.) ASSETS	<u>APPLICANT</u>	<u>SPOUSE</u>
Savings accounts	\$ _____	\$ _____
Checking accounts	\$ _____	\$ _____
Stocks and Bonds	\$ _____	\$ _____
Home	\$ _____	\$ _____
Other real estate	\$ _____	\$ _____
Furniture	\$ _____	\$ _____
Vehicles (Make and Year _____)	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
TOTAL ASSETS	\$ _____	\$ _____

4.) INSTALLMENT PAYMENTS /CREDIT CARDS	<u>Monthly payments</u>	<u>Balance</u>
Creditor _____	\$ _____	\$ _____
For _____		
Creditor _____	\$ _____	\$ _____
For _____		
Creditor _____	\$ _____	\$ _____
For _____		
Creditor _____	\$ _____	\$ _____
For _____		
TOTAL MONTHLY PAYMENTS	\$ _____	\$ _____
(Enter total in #2 above)		

I declare under penalty of perjury that the information listed above is true and correct, and that this declaration was completed on (date) _____ in the County of _____, California.

Applicant's Signature: _____

Approved _____	Disapproved _____	Fee Arbitration Committee Chair _____
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